

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS

IN RE:

RODNEY T. WILKES and
DEBORAH JEAN WILKES

Debtor

04-43601-R

Bankruptcy Case Number

APPLICATION FOR PAYMENT OF DIVIDEND FROM UNCLAIMED FUNDS

Comes now the Claimant identified below to make Application for an Order authorizing payment of unclaimed funds now on deposit in the Treasury of the United States for the benefit of Claimant. Claimant was a creditor in the above captioned bankruptcy case and has not received payment of these funds which are due and owing to the Claimant. Claimant further states that Claimant is:

NAME OF CLAIMANT: Harvest Credit Management

MAILING ADDRESS: Dominion Plaza, Suite 800 N, 600 17th St.

CITY: Denver STATE: CO ZIP CODE: 80202

and that a dividend in the amount of \$ 5,197.09 was awarded in this case to the Claimant, which dividend is currently unclaimed and held by the Clerk of Court.

Claimant certifies under penalty of perjury that all statements made by Claimant on this Application and any attachments required for this Application are, to the best of Claimant's knowledge, true and correct. Accordingly, Claimant requests the Court to enter an Order authorizing payment of the pro rata dividend due upon this claim.

Date: 11/07/07


Claimant's Signature

A copy of the Proof of Claim filed on behalf of Harvest Credit Management in this case is attached hereto to establish the right to payment.

CERTIFICATE OF SERVICE

In accordance with Title 28 U.S.C. Section 2042, the undersigned hereby certifies that on the date designated below a true copy of this application with all required attachments was mailed to [check one as applicable]:

For all cases in **Beaumont & Lufkin** divisions (five-digit case number beginning with 1 or 9):

Office of the United States Attorney
Eastern District of Texas
Attn: Unclaimed Funds Requests
350 Magnolia Avenue, Suite 150
Beaumont, TX 77701-2248

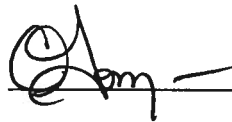
For all cases in **Marshall & Tyler** divisions (five-digit case number beginning with 2 or 6):

Office of the United States Attorney
Eastern District of Texas
Attn: Unclaimed Funds Requests
110 North College Avenue, Suite 700
Tyler, TX 75702-0204

☒ For all cases in **Paris, Sherman, & Texarkana** divisions (five-digit case number beginning with 3, 4 or 5):

Office of the United States Attorney
Eastern District of Texas
Attn: Unclaimed Funds Requests
101 East Park Boulevard, Suite 500
Plano, Texas 75074-8858

Date: 11/13/07



UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM	
Eastern District of Texas (Sherman Division)		UNSECURED	
In re (Name of Debtor) RODNEY T WILKES & DEBORAH JEAN WILKES		Case No 04-43601 CHAPTER 13	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.			
Name of Creditor (Person/entity to whom the debtor owes money/property) HARVEST CREDIT MANAGEMENT V		<input type="checkbox"/> Check if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check if you have never received any notices from the bankruptcy court in the case. <input type="checkbox"/> Check if the address differs from the address on the envelope sent to you by the bankruptcy court.	
Name and Address Where Notices Should Be Sent HARVEST CREDIT MANAGEMENT V c/o MACHOL & JOHANNES, P.C. DOMINION PLAZA, SUITE 800 NORTH 600 SEVENTEENTH STREET DENVER CO 80202-5442			
Account or other number by which creditor identifies Debtor E11045318		Check <input type="checkbox"/> replaces previous filing dated ____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Extended Credit DISCOVER FINANCIAL SERVICES- DISCOVER CARD <div style="float: right; text-align: right;"> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Your social security number <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (dates). </div>			
2. DATE DEBT WAS INCURRED May 4, 1990		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage or other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$10,240.80 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ </div> <div style="width: 50%;"> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier-11 USC §507(a)(3) <input type="checkbox"/> Contributions to employee benefit plan-11 USC §507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 USC §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or other under 11 USC §507(a)(7) <input type="checkbox"/> Taxes or penalties of government units-11 USC §507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 USC §507(a) _____ <input type="checkbox"/> Amounts are subject to adjustment on 4/1/98 and every 5 years thereafter with respect to cases commenced on or after date of adjustment </div> </div>			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <div style="display: flex; justify-content: space-between;"> (Unsecured) \$10,240.80 (Secured) \$ _____ (Priority) \$ _____ (Total) \$10,240.80 </div> <input checked="" type="checkbox"/> Check if claim includes charges in addition to principal amount of claim			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: MACHOL & JOHANNES, P.C., authorized attorney for the creditor August 9, 2004 JAMES A. KAPLAN, #7741, Dominion Plaza, Suite 800 N. 600 Seventeenth St. Denver, CO 80202			

FILED
 U.S. BANKRUPTCY COURT
 EASTERN DISTRICT OF TEX.
 CLERK, U.S. BANKRUPTCY COURT
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 DEPUTY